Tales of the Un-Inspected
Home Number 124
By Eileen Chubb

In 2009 concerns were raised by relatives about the standard of care,

Relative A,
My father who was a resident in this home was always left on his own for long periods of time. He could not feed himself, one teatime a member of staff left his food beside him and when I asked if someone was going to feed him, I was told they did not have the time.
My father was not dressed or shaved and when I asked if this could be done, a staff member said to me, Do it your f**** self,**

My Father was given so many sedatives; we found him kneeling on the floor beside his bed and could not wake him. We asked staff for a list of the drugs he was on and they were very reluctant to give this. In the end they informed us verbally what drugs he was on. We complained and insisted on a meeting with the consultant and my father's medication was changed and after that he was much more alert and able to communicate with us.
These are just a few of the concerns we raised about his care.

Relative B. Mr. Barrass.
As my mother was highly vulnerable and had complicated health needs we made it clear that she needed 24 hour nursing care.
My Mother was a resident in this home until her death in October 2009. After a month in this home my mother had a serious chest infection, we found her sitting by an open window in February.
The entire time my mother was there it was a daily battle to get her the care she needed and the same concerns would be raised again and again but were never addressed.
My mother was fed by tube and her mouth needed to be cleaned by swab, we often found this had not been done and her mouth would be encrusted. We also found unused swabs which had been removed from the packaging left by her bedside.
My mother had to be taken to hospital as she was constipated; the hospital doctor said it was the worst case of constipation he had seen.

The home never gave us any explanation when we asked how this happened.

My mother had a catheter which was not always attended to, we would find her soaking wet when this happened. She could not call for help and we would find her in great distress laying in a soaking wet bed and in faeces and would have to search for staff to come and attend to this, sometimes it took a long time even after we informed staff.

Some staff had a terrible attitude to us because we had raised concerns, one nurse in particular, when I asked her why my mother was lying in a cold wet bed she replied in a cold, terse and uncaring manner „How would I know?„

We found my mother lying on her side with a PEG feed going; she was at risk of choking.

Blood tests were not always done on time; basic medical care was not provided.
Because my mother suffered from congestion it led to an antiquated suction machine been used which caused her great distress.

There was never enough staff to care for residents who were all highly dependent and relied on staff for all their needs. We often saw other residents neglected as my mother was.
Relatives were never listened to if they raised a concern.

In the last two months,
Flu Jab
My mother had a flu jab and suffered rare side effects. The GP was not informed.
Feed tube.
This should have been changed one month earlier as it was becoming blocked too many times causing complications.
Her catheter was not changed on time putting her at risk of infection.
Brown discharge from her mouth, nurse says it looks like dried blood and still no GP called.
My mother was rushed to hospital on the Wednesday and was found to have a major infection which I discovered was linked to catheters. If the care home had acted days earlier when my mother was clearly unwell I

believe that the outcome could have been different.

Since my mother's death I have gone through every route to get my concerns investigated without success. I have been sent round in circles and no one has looked into this or taken any action to put things right in this care home.
I have full documentation should anyone wish to know more.

Eileen Chubb.
After been made aware of the above concerns I looked at the inspection history of this care home. Please note that the Regulator CQC had been informed of these concerns in 2009.

INSPECTION REPORT MAY 2009.

The home is rated good.

Page 14, States a family raise concerns about the standard of care and the inspectors refer them to the home manager.
In my experience if relatives raise concerns with an inspector, they will be doing so as a last resort. To refer them back to the home manager who has failed to address the concerns previously is negligent.

Pages 18-19 Refers to a current investigation and also states that the inspectors cannot comment on past concerns. This tells me inspectors are aware of concerns being raised but are unwilling to consider the consequences when such evidence is ignored.

Page 20. Dressings were stored in a bathroom and were wet. Therefore were contaminated.

Page 22. Surveys were sent to 3 healthcare professionals who visited the home, all three said there needs to be more staff. One said call bells ring for a long time.

I conclude that in spite of CQC awarding this home a good rating that all is not well. The core problem of not enough staff to care for very

vulnerable residents is completely ignored and can only result in avoidable suffering.

RANDOM INSPECTION 25 JANUURARY 2010.

Too late for Relatives B mother and countless others.

Page 4. States that the inspection is taking place as CQC have been told that there are concerns over staffing levels being too low.
That concerns raised by relatives were not acted on.

These concerns were a pattern that was evident to me looking at the last inspection report. Maybe the CQC will act now? No they look at the Rota's provided by the home and do not uphold the concerns. The dependency levels of the residents are not checked and should have been before just presuming there was enough staff.
I note that there is now a new manager who is said to have made significant improvements to the home, however if significant improvements were needed then why did the CQC rate the home good?

Page 5, States a resident at risk of choking did not have a care plan.

The report concludes nothing is wrong.

INSPECTION REPORT SEPTEMBER 2011.
Page 7, A visiting relative points out to the CQC inspectors that they think people in the home have more complex needs and that many previously mobile residents now are in wheelchairs and it is taking staff longer to see to their needs. This is a clear indication that staffing levels are too low for the assessed dependency levels of residents. Yet again this is information is not acted on by the CQC.

Page 7, a resident says he cannot get up or go to bed when he wants to due to staffing levels.

Page 10, a resident with drastic weight loss had no care plan.

The home is judged fully compliant.

INSPECTION REPORT AUGUST 2012.

Page 2, States that the inspection is taking place because the CQC have been made aware of concerning information that people were at risk as health needs were not been met.
The inspection is focused on the areas of concern and lists these as,
Nutritional,
Wound care,
Health Care,
Support and Competency of care staff,
Complaints and record keeping.

Page 13, inspectors note a resident telling care staff that they are bored and there is nothing do, this information would lead me to ask are there enough activities but inspectors say it is ok because staff respond to the residents request that day.

Page 13, States two sources have contacted the CQC, I note that both sources have raised similar concerns. One source says the home ignores complaints. The same pattern and the inspectors yet again check the complaints paperwork and disregard the concerns.

Page 14, a separate complaint is referred and the manager states it is a matter for legal advice. Evidence that it is a matter serious enough for the home to need a legal defense. Yet again this is ignored.

Page 15, Record keeping is the only area judged non-compliant and the implication is that all the concerns are unfounded as the home was providing good care but had failed to record it. Relatives who raise concerns will not be aware of records but will be speaking from

experience. If that care is not recorded the conclusion of the CQC is the recording keeping is poor, this amounts to a determined approach to ignore concerns and find a way to excuse them in order to protect the home.

INSPECTION REPORT MAY 2013.
Yet another inspection taking place as a result of CQC receiving a number of concerns. Yet again another inspection that takes the approach that the concerns are unfounded and that clear evidence to uphold them can discounted in favor of the home says so.

Page 4. States the CQC have received a number of Anonymous concerns that staffing levels have been cut, people's needs are not met and possible unsafe recruitment. It says the CQC could find no evidence to uphold the concerns.
The same pattern of concerns for nearly five years and still no link is made.
Page 8, Inspectors look at three new residents care plans, say all is well apart from one who has no wound care plan.

Page 11, CQC has received several anonymous complaints about staffing levels. These are not upheld as the home says there unfounded. These concerns come from Whistle-blowers, good staff who care enough to risk their jobs to bring this information to the attention of CQC and to then be told they are not believed.
The information that dependency levels of residents was not carried out, (Raised nearly five years ago and consistently since) is ignored.

The home has Rota's that say there are enough staff so that is alright then?

Page 11,12, Translation required as the reality of the information contained in this one paragraph is so disturbing it needs CQC jargon to tone it down.
The manager may wish to note some staff spoken to during the inspection (Easily identifiable by naming what floor they raised

concerns about and that they were care workers) Did not toe the line and said they had raised concerns with management (Whistle-blown) over staffing levels and that recent admissions of younger people with conditions that placed the current residents in the home at risk. There were a different group of staff (Nurses) who said all was well.

The home is judged compliant in all areas and has not been inspected since apart from,

NON INSPECTION RECORD AUGUST 2013
The Home says it is good and inspectors say ok.

Another case of failure to act on concerns, I hope no more avoidable suffering occurs for the want of action.

Time will tell.

Eileen Chubb